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Health Needs Study Recommends Broad Changes

A recently-completed study of health needs, commissioned by the 1973 Montana Legislature, recommends sweeping changes in the way public health services should be made available to citizens of the state.

House Joint Resolution 18 instructed the Legislative Council and the State Department of Health and Environmental Sciences (SDHES) to conduct a study to determine the feasibility of creating district public health departments and requested recommendations on the most economical means of accomplishing this goal.

The study, made public in November, describes the acceptable minimum level of health services a local public health unit should provide.

It recommends that the SDHES be given statutory authority over local public health units and it recommends that the functions and personnel of SDHES be decentralized, transferring as many functions as possible to local public health units.

The study was prepared by the HJR-18 committee, composed of public health providers, legislators and consumers. Nearly two years of work went into the final report, which will be presented to the 1975 Legislature which convenes in January.

Study Methods

The committee conducted field interviews, polled other states to find out how public health services are provided in other rural states and assessed the public health services now being provided in Montana.

Among questions the committee dealt with are:

- What are minimal public health services?
- What public health services are currently available either from state or local sources?
- Should the SDHES be decentralized to make more efficient use of personnel and services?
- Should SDHES provide direct services to local communities or try to generate services through local public health units?
- How are public health services financed and how do financing mechanisms influence the scope of health services?
- Does the average citizen know what public health services are available?
- What public health services are citizens willing to finance?
- How are public health needs identified?

Conclusions

The committee concluded that the majority of Montana's counties consistently give low priority to public health services. It found that there is a lack of awareness by public health providers, locally-elected officials and other local service representatives of the kinds of public health services currently available.

The committee also found:

There is too little integration of public health services provided at the local level with those provided at the state level.

There is a lack of available, uniform funding for public health services at the local level.

There is a need for knowledgeable and cooperative public health service decision-makers.

More cooperation and integration are needed between the public health service system and the private health care system.

More citizens, and particularly consumers, should be involved in discussions and decisions about public health needs and programs.

Public health personnel most often are thought of only as enforcers of laws and ordinances which overshadows their educational and consultative roles.

Public health services at the local level are too dependent upon local funds.

Not enough effort is made by existing public health agencies to use outreach to inform citizens about available services or to provide services in isolated areas.

Counties and local governments appear to be resisting the concept of forming multi-county districts.

The state should coordinate more effectively the direct human services provided by the State Department of Social and Rehabilitation Services, the State Department of Institutions and the SDHES.

The SDHES should play a more aggressive role in assisting local communities to provide public health services.

No uniformity exists in the amount and kinds of public health services available in Montana counties.

State funds are needed to provide a minimum level of public health services statewide through mechanisms which will assure local control.

Statistical Findings

Through analysis of health and population statistics, the committee found:

The wide range of population densities in Montana, from 0.4 to 58.7 persons per square mile, supports the need for regional or district health departments and

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Inflation May Prove Healthy

Skyrocketing sugar prices may prove to be a boon to the health of Americans, whose typical diet has often been criticized for containing too much sugar and fat.

Now that consumers are trying to cut back on their sugar consumption, nutritionists and health writers are finding it easier to explode some of the myths associated with sugar.

One fact is that nobody needs sugar at all.

According to Therese Monedika, an American Medical Association nutritionist, "sugar has carbohydrates but nothing else."

"You can get other foods which carry carbohydrates but also have a goodly share of vitamins or minerals," she said. "Because obesity is a national health problem, when people select foods, hopefully their food choices will provide them with nutritionally balanced diets."

Refined white sugar, or table sugar, is almost all sucrose. While brown sugar, maple sugar, raw sugar and honey have slightly more nutrients than refined white, their nourishment value is no more than negligible, Monedika said.

Molasses, particularly dark molasses, has more minerals and other nutrients than any other sweetener, she said.

As for the common misconception about quick energy, especially before physical activity, Timothy Craig, secretary to the AMA Committee on Medical Aspects of Sports and a Ph.D. in physical education, said the body's energy requirements are established at least 48 hours in advance. Eating a candy bar will not give instant energy, Craig said.

He said it takes the body about three hours to digest a candy bar and another several hours before it is broken down and transported to the muscle tissue.

Obesity is another problem often associated with eating too much sugar. People can easily gain weight from eating sugar because it is high-caloried and creates a hunger for more.

Ronald M. Deutsch in *The Family Guide to Better Food and Better Health* reports "the death rate is half again as great among the obese, the majority of whom, among Americans, are in their 40s and 50s."

"They are far more likely to develop heart disease, high blood pressure, diabetes, arthritis, kidney disease and other problems," Deutsch said.

"In 1955, about one child in seven was overweight. The newest research adjusts that number to one child in five," Deutsch said. "In our cities, about one-third to one-half of all adults are found to be obese."

"The United States is the only member country of the World Health Organization which has seen no increase in the life expectancy of its men in 20 years, and this fact is considered obesity-related."

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Editorial

The Barmecide Feast

by

Steven Kairys, M.D.

I wonder if the poor of this country have ever stopped to consider how important they are to so many people, to so many lives. How dull, how without substance or meaning, how without ego gratification would be the lives of thousands of social workers, public health nurses, outreach workers, juvenile workers, physicians, counselors, politicians, evangelists and other assorted helpers were not there that target population, that population in need of services, that high-risk group, that disadvantaged array—the poor of this country—to help.

To an outsider—a Martian, let us say—it must certainly seem to be a cultural example of symbiosis—each participant, the poor and his helper—vitally needing the other for survival. I should think that during an average work week our outsider might find it difficult to determine which of the participants had the greater numerical size. To our outsider it might sadly appear that these thousands of helping professionals are no more than "opiates" being administered by government to keep the disadvantaged poor placated and appeased, but still poor.

It has been estimated that it would not take that much larger an expenditure of federal funds to properly house, employ, educate and provide a set monetary standard of living to the poor—the underlying reasons for their becoming high-risk—than it does now to flood them with health, social and welfare services.

The above, to be sure, is a very simplistic approach to a complex entity. Moreover, most of the people involved in helping the poor have very little influence over national policy and do have very real feelings for becoming involved in changing some of the ills of the world. I number myself in this group.

However, if we continue to follow our old routines—spending all our time fighting the crises that always pop up, duplicating services, hiding behind reams of regulations that can make it impossible for the poor to get their problems solved, in the ritual act of guarding our professional territories while disdaining any sort of planning or evaluation—then our combined efforts have no direction, produce no long-lasting results and effect no positive change.

Can we spend time in planning to make sure that we are serving the people we need to be serving, planning to make sure we are providing the services the people need to effect change and then evaluating that measurable, positive change?

Our right to existence should never be based on showing how busy we are. It should always be based on our effectiveness, whether it be by decreasing complications of pregnancy or by reducing the psychological cost of child abuse through prevention.

Otherwise are we not guests at a Barmecide feast, that medieval custom of showing riches and splendor though all around is disease and poverty?

Study Recommends . . .

(Continued from Page 1)

can be used in determining the type of health services needed in an area. As a rule, older persons tend to live in rural, sparsely populated areas and have special health needs.

Public health services must be designed to reflect population changes. In areas where the population is increasing, more attention must be given to maternal and child health services and school health; a decreasing population would indicate a prevalence of older citizens in need of such services as home health care.

Counties in which the age-adjusted death rates for heart disease, cancer and stroke are in the high quartile need health education programs explaining prevention, early detection and treatment of these diseases.

Counties with a high accidental death rate need to examine the availability and quality of emergency services and must provide educational programs which focus on safety measures.

Uterine cancer has a high cure rate if detected and treated in its early stages. Education, access to screening tests for uterine cancer and early treatment would markedly reduce this rate.

The neonatal mortality rate, which includes infants from birth to one month of age, is a good measure of prenatal care received by the mother and good health care during labor and delivery. Educational programs on normal child growth and development and public health nursing consultation with parents about prenatal and infant care have helped reduce infant death rates.

Minimum Acceptable Services

The committee determined a minimum acceptable level of staffing for local public health units, based on the experience of public health providers in Montana and adapted from recommendations of the American Public Health Association.

They include:

1. A Health Officer/Administrator (doctor of medicine degree with public health experience or, a master's in public health. If the Health Officer/Administrator is not an M.D., services requiring a physician should be contracted out according to SDHES guidelines.)—one per local unit.

2. Public health nurses—one per 4,000 population. (If the department is authorized to provide direct care to ill persons or persons convalescing at home, the recommended ratio is one public health nurse per 2,500 population.)

3. Nursing supervisor—at least one per local public health unit.

4. Sanitarians—one per 10,000 population plus necessary sanitarian supervisory personnel.

5. Health educators—at least one per local public health unit.

6. Dental hygienist/dentist—at least one per local public health unit.

7. Clerical support.

8. Outreach workers.

Heavy Eater Suffers From Ankle Trouble

The worst known case of compulsive swallowing was reported by the Journal of the American Medical Association in December, 1960.

The patient, who complained only of swollen ankles, was found to have 258 items in his stomach, including a 3-lb. piece of metal, 26 keys, 3 sets of rosary beads, 16 religious medals, a bracelet, a necklace, 3 pairs of tweezers, 4 nail clippers, 39 nail files, 3 metal chains and 88 assorted coins.

DDT Found in Human Fat

The U.S. Environmental Protection Agency has found evidence indicating that the entire population of the U.S. may have pesticide residues stored in the lipid portions of adipose tissue.

According to Dr. F. W. Kutz, the EPA's national human monitoring program for fiscal 1970 made the discovery when adipose tissue collected from postmortem examinations and surgical specimens by cooperating pathologists in 32 cities across the country were examined.

Sample analysis was capable of detecting the presence of certain chlorinated hydrocarbon insecticides. Residue values were calculated on a per cent lipid basis, Kutz said.

Residues of DDT or its metabolites were found in 99.93 per cent of the samples, beta-hexachlorocyloexane in 99.15 per cent, dieldrin in 96.46 per cent and heptachlorepoxide in 94.76 per cent.

"DDT or its metabolites were stored in the greatest amount," Dr. Kutz reported. Three quarters of the general population's total DDT burden was found to be the storage metabolite, DDE.

In fact, said the EPA scientist, the geometric mean indicates that the average storage level of this chemical was nearly eight parts per million in 1970, more than 20 times that of its nearest competitor betahexachlorocyclohexane.

Dieldrin and heptacholorepoxide, in descending order or magnitude, were also found at low levels in human adipose tissue. Low incidence and residue levels were reported for lindane, delta- and alpha-hexachlorocyclohexane.

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Health Series Comes to Public Television

An ambitious attempt to convey health information through entertainment techniques can be seen weekly on television in the form of "Feeling Good," a 26-part series presented by the Public Broadcasting Service.

The series began in November and will continue through May. It is aired on public TV stations Wednesday night and each hour-long episode is repeated the following Sunday.

The series was developed by the Children's Television Workshop, the producer of "Sesame Street" and "Electric Company."

The series, however, is aimed at adults. Songs and skits by celebrities as well as documentaries, drama and animation are used to convey various health messages.

The series aims at effecting informational and behavioral goals and will attempt to assess its impact on viewers through after-the-fact studies.

The National Health Council will serve as a clearinghouse for mail inquiries generated by the show, forwarding specific queries from viewers to its member organizations.

The basic point the series is trying to get across to its audience is: it's what you do, hour by hour, day by day, that largely determines the state of your health, whether you get sick, what you get sick with, and, perhaps, when you die.

The primary target audience for the series is young parents who play major roles in influencing the health of their immediate families. Of particular concern to the producers of the program are the health problems and attitudes of low-income families.

Two years of pre-production, research and development preceded the broadcasts. The whole project has a $7 million budget, underwritten by public broadcasting, foundation and corporate groups.

Nine task forces composed of medical and health professionals from a wide variety of disciplines worked to identify primary health problems that could be effectively dealt with on television. Six criteria were used in the selection of topic areas:

- the prevalence and impact of the health problem,
- the public's interest in the problem,
- the extent to which the individual can do something about the problem,
- the extent to which a doctor or health professional can do something about the problem,
- the extent to which the problem can be effectively dealt with on television and
- whether the extent to which television presentation increases viewer knowledge and influences attitudes and action can be measured effectively.

Eleven specific health problems were then chosen, all of which are relatively easy to detect and treat, or involve a serious illness that has a greater chance of cure if detected early. Topics include: alcohol abuse, cancer, child care, dental care, exercise, heart disease, the health care delivery system, high blood pressure, mental health, nutrition and prenatal care.

A schedule of program dates and content follows:

January 1 (Show No. 7)

ALCOHOL ABUSE: the relationships between parental habits and teenage drinking.

CONSUMER INFLUENCE: to motivate health care providers to respond postively to consumer requests for changes in services or the arrangements under which they are provided.

HEART DISEASE: to motivate persons who are in high-risk categories for heart disease to have medical checkup.

NUTRITION: to motivate viewers to eat a varied diet—a diet consisting of foods chosen from the four food groups.

January 8 (Show No. 8)

MEDICAL EMERGENCIES: to motivate viewers to find out location and telephone number of the nearest Emergency Medical Service: hospital emergency room, poison control center, cardiac care unit, ambulance squad, rescue squad.

PARENTING: to motivate parents or persons responsible for child care to engage in activities that stimulate language development in their children.

HIGH BLOOD PRESSURE (Hypertension): to motivate viewers to encourage others to have their blood pressure checked.

January 15 (Show No. 9)

PRENATAL CARE: to motivate doctors or other health providers to explain to their patients the importance of following medical recommendations during pregnancy.

PAYING FOR CARE: to motivate viewers to obtain information about the costs and benefits of health insurance plans before deciding which one to purchase.

DENTAL CARE: to motivate viewers to obtain a dental checkup.

NUTRITION: to motivate viewers to reduce their excess consumption of foods high in saturated fat.

January 22 (Show No. 10)

WEIGHT CONTROL: inform viewers that weight control requires maintaining a balance between food consumption and physical activity and that appropriate long-term change in eating habits rather than "fad" dieting is more likely to produce weight reduction and control.

ALCOHOL ABUSE: to motivate viewers to discourage others from driving after excessive drinking.

HEART DISEASE: to motivate viewers to have their blood pressure checked.

PRE-SCHOOL SCREENING: to get parents or others responsible for child care to take their pre-schoolers to neighborhood clinics, family doctor or health department for vision and hearing screening. (This is National Hearing and Testing Month.)

January 29 (Show No. 11)

ALLIED HEALTH PERSONNEL: inform viewers that the allied health professions offer many career opportunities.

PARENTING: to motivate parents to prepare their children for any significant change in their life situations re: loss of a pet.

DOCTOR/PATIENT COMMUNICATION: to motivate viewers to write a description of their symptoms (change in the way they feel or in their ability to function) before visiting a physician.

CANCER: to motivate viewers (over age 40) to have a proctoscopic examination (check for cancer of the colon-rectum).

February 5 (Show No. 12)

DENTAL CARE: to motivate parents or others responsible for child care to reduce their children's sugar consumption (especially sweet snacks). (Feb. 4-10 is National Childrens' Dental Health Week.)

NEIGHBORHOOD CARE: goal is to inform about health departments and extension services.

HIGH BLOOD PRESSURE (Hypertension): to motivate viewers who have high blood pressure to follow medical advice for controlling it.

NUTRITION: to motivate parents and others responsible for child care to give children nutritious snacks.

PATIENTS' RIGHTS: to motivate patients to seek information they desire about such matters as diagnosis, treatment, institutional procedures and cost of service.

February 12 (Show No. 13)

HEART DISEASE: to motivate persons who are in high-risk categories for heart disease to have a medical checkup, and, to motive viewers to encourage family members or friends in a similar situation to get a medical checkup. (This is American Heart Month.)

ACCIDENT PREVENTION: goal is to motivate viewers to avoid common circumstances which may lead to a burn injury.

MEDICAL EMERGENCIES: to motivate viewers to initiate actions within community organizations to improve local emergency services.

PRE-SCHOOL SCREENING: to get parents or others responsible for child care to take pre-schoolers to their neighborhood clinic, family doctor or health department for a vision screening.

February 19 (Show No. 14)

EXERCISE: to motivate viewers to engage in some moderate physical activity daily.

PARENTING: to motivate parents or others responsible for child care to take their children for a complete pediatric examination.

ALCOHOL ABUSE: to motivate viewers to provide non-alcoholic beverages and to refrain from encouraging excessive drinking when entertaining.

NUTRITION: Consumer issues: food labelling; the supermarket.

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Health Series Comes to Public Television

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February 26 (Show No. 15)

PATIENTS' RIGHTS: to inform viewers of their right to refuse treatment to the extent permitted by law and to inform viewers of their right to get from their physicians the information necessary to give informed consent prior to the start of any procedure and/or treatment.

HEART DISEASE: to inform viewers that the heart is a muscle and needs exercise. (This is American Heart Month.)

PRENATAL CARE: to inform viewers of the range of feeling on the part of the father, mother and siblings toward the advent of a new child and to motivate viewers to discuss these feelings.

IMMUNIZATION: to motivate parents or others responsible for child care to take their children to a clinic, doctor or health department to complete their series of immunizations against DPT.

March 5 (Show No. 16)

CANCER: to motivate women to do monthly breast self-examination and to inform viewers that early detection increases the likelihood of successful treatment or control.

DOCTOR/PATIENT COMMUNICATION: to motivate physicians to verify that their patients have understood their advice and recommendations.

MENTAL HEALTH: to motivate viewers who feel they may have emotional problems to seek professional help, and to inform them of the range of services available.

NUTRITION: to motivate viewers to eat a varied diet—a diet consisting of foods chosen from the four food groups.

March 12 (Show No. 17)

CONSUMER INFLUENCE: to show viewers how a community organized to get better health care services.

PARENTING: to motivate parents to prepare their children for any significant change in their life style such as illness or a family member or child going to the hospital.

EXERCISE: to motivate viewers to engage in some moderate physical activity daily.

ALCOHOL ABUSE: to motivate members of families of problem drinkers to seek counselling when appropriate.

March 19 (Show No. 18)

ACCIDENT PREVENTION: consumer issue: the safety of products in the home as they relate to accidents. (March 17-23 is Poison Prevention Week.)

NUTIRTION: cooking segment (interesting ways to prepare vegetable protein.)

HIGH BLOOD PRESSURE (Hypertension): to motivate people who have **stopped** taking recommended actions to control high blood pressure (such as medication, dieting, limiting salt) to ask their doctor about what they should do to resume such control of hypertension.

WEIGHT CONTROL: to inform viewers about fat cell development and to discuss this in relation to the problem of weight control.

March 26 (Show No. 19)

MENTAL HEALTH: goal is to inform viewer how to recognize and handle stress.

IMMUNIZATION: to motivate parents or others responsible for child care to take their children to a clinic, doctor or health department for immunization against rubella.

ALLIED HEALTH PERSONNEL: to inform viewers about one allied health profession.

NUTRITION: to inform viewers that some widely held beliefs about nutrition are **incorrect** and that some are **correct.**

April 2 (Show No. 20)

CANCER: to inform viewers that many types of cancer are curable or controllable. (This is American Cancer Society Month.)

PATIENTS' RIGHTS: to motivate patients to seek information they desire about such matters as diagnosis, treatment, institutional procedures and cost of service.

SICKLE CELL ANEMIA: goal is to dispel myths about the disease.

NUTRITION: to inform viewers of the pros and cons of breast feeding.

April 9 (Show No. 21)

ALCOHOL ABUSE: to motivate members of families of problem drinkers to seek counselling when appropriate.

EXERCISE: to motivate viewers to check with a doctor or other health professional before beginning any strenuous exercise program.

DOCTOR/PATIENT COMMUNICATION: to motivate physicians to verify that their patients have understood their advice or recommendations.

HEART DISEASE: news of medical advances.

April 16 (Show No. 22)

DOCTOR/PATIENT COMMUNICATION: to motivate viewers to question physicians about any diagnosis or advice which they feel they do not understand.

HIGH BLOOD PRESSURE (Hypertension): to motivate viewers to encourage others (friends, spouse, etc.) to have their blood pressure checked.

MEDICAL EMERGENCIES: to motivate viewers to find out the location and telephone number of the nearest emergency medical services.

ALCOHOL ABUSE: to motivate viewers to provide non-alcoholic beverages and to refrain from encouraging excessive drinking when entertaining.

April 23 (Show No. 23)

PAYING FOR CARE: to inform viewers of how to reduce medical costs. Illustrate such services as health maintenance organizations and prepayment programs.

DENTAL CARE: to motivate viewers to remove plaque from their teeth by daily brushing and flossing.

MENTAL HEALTH: to motivate viewers who feel they may have emotional problems to seek professional help.

IMMUNIZATION: to motivate parents or others responsible for child care to take their children to a clinic, doctor or health department to begin their immunization series against polio.

April 30 (Show No. 24)

NUTRITION: to inform viewers that the key to weight control is caloric balance: if caloric intake exceeds caloric expenditure, weight gain will result.

CANCER: to motivate viewers to encourage others to have a proctoscopic examination (check for cancer of the colon-rectum).

ALLIED HEALTH PERSONNEL: to inform viewers of one allied health profession.

PRENATAL CARE: to motivate doctors or other health professionals to explain to their patients the importance of following recommendations during pregnancy.

May 7 (Show No. 25)

HIGH BLOOD PRESSURE (Hypertension): to motivate viewers to have their blood pressure checked and to ask their doctor or other health professional to explain the implications of their blood pressure reading. (This is High Blood Pressure Month.)

NEIGHBORHOOD CARE: to show viewers one type of neighborhood health care facility that is available.

EXERCISE: to motivate parents or others responsible for child care to encourage their children to get regular and appropriate exercise.

ACCIDENT PREVENTION: to motivate viewers to store all potentially hazardous substances (such as household cleaners) out of the reach of children.

May 14 (Show No. 26)

PARENTING: to inform viewers of the normal range of feelings associated with parenthood and to encourage discussion among family members.

PRE-SCHOOL SCREENING: to motivate parents and others responsible for child care to take their children to a clinic, doctor or health department for vision and hearing screenings.

Pill for Men Tested

Using one steroid to potentiate another may be the key to devising a contraceptive pill for men.

One combination that seems to work, a Seattle researcher reports in *Medical World News,* is once-a-month injection of a testosterone salt and daily oral doses of *Danazol,* a modified synthetic steroid.

Two to three months on that regimen brought 11 of 13 test volunteers' sperm counts down to where their chance of impregnating women was below one per cent a year.

According to Dr. C. Alvin Paulsen of the University of Washington, who hit on the combination, the steroids' combined effect is to interfere with some later stages of germ-cell maturation.

No pregnancies were reported among sex partners of any of the volunteers and all the men who came in for follow-up examination after a five-month recovery period had returned to their normal levels of sperm production.

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